Home Practices Questionnaire

Please answer the following questions to help us better understand your family and your child upon enrollment. This form is optional; please do not feel obligated to complete the form if you do not feel comfortable. However, our goal is to create consistency between your home and our classroom (e.g.; nap, menu, toileting).

1. Please tell us how your family handles nap time at home. Specifically, how does your child nap at home or what are some strategies to get your child to go to sleep? _____

2. Please tell us how your child eats at home. Specifically, when, what and how much does your child eat at home? Are there any foods that your child CANNOT have? **Please provide a doctor's note for any food allergies.**

3. Please tell us about your child's diapering and/or toileting needs. Specifically, please tell us how often you change diapers, any special creams, powder, etc. or if your child has a tendency for reoccurring rashes. Please tell us if your child is about to start or in the process of potty training. Please tell us specific techniques that you use at home, rewards, incentives and any other details that would be beneficial for our staff to know.